

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213558833				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Irving Equipment Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: F1777038</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
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COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 300 UNION STREET P.O. BOX 5777 NB E2L 4M3 New Brunswick E2L 4</p> <p style="text-align: center;">CITY/ST/ZIP: SAINT JOHN, Canada</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES D. IRVING TITLE: CO-PRESIDENT ADDRESS: 300 UNION STREET SAINT JOHN,NB,E2L 4,CANADA CITY/ST/ZIP/CO: , , FN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES D. IRVING TITLE: CO-PRESIDENT ADDRESS: 300 UNION STREET SAINT JOHN,NB,E2L 4,CANADA CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES K. IRVING CHAIRMAN 300 UNION STREET SAINT JOHN,NB,E2L 4,CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT K. IRVING CO-CEO 100 MIDLAND DRIVE DIEPPE,NB,E1A 6,CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES D. IRVING CO-CEO 300 UNION STREET SAINT JOHN,NB,E2L 4,CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. ROSS LANGLEY SECRETARY 300 UNION STREET SAINT JOHN,NB,E2L 4,CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IRVING AMERICA, INC. DIRECTOR 300 UNION STREET SAINT JOHN,NB,E2L 4,CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ BRUCE A. DROST SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		BRUCE A. DROST, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE		12/9/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				